9. Enter the date the student began or will begin full-time school attendance for the school year you are certifying. Date should be on or after date shown in block 2.	10. Enter the date this school attendated end or ended. If the student plantend for the full school year, you show the ending date of the full syear (NOT the semester). This do be later than the date shown in b	s to at- i should school ate must Yes No
Month Day Year	Month Day	Year
		9
○ JAN	O JAN	12. Does the student intend to return to
○ FEB ① ① ①	O FEB ① ①	school full-time after the date shown
O MAR ② ② ②	O MAR 2 2	in block 10, with less than a 5 month break?
O APR 3 3 3	○ APR ③ ③	3
○ MAY ④ ④	O MAY 4	④ Undecided
○ JUN ⑤ ⑤	O JUN ③	3
○ JUL	O JUL ®	⑥ ○ No
O AUG TO TO	O AUG ⑦	<u> </u>
○ SEP ⑧ ®	○ SEP ⑧	Yes. Show the beginning date of
○ OCT ⑨ ⑨	○ ост <u> </u>	(9) the next school year in block 13.
○ NOV	O NOV	
○ DEC	○ DEC	
13. Enter the estimated date the student will	14. Type of School	15. Hours of School Attendance
begin full-time school attendance for the		Mark only one (A or B) below
next school year after the school year shown in blocks 9 - 10.		A: Classroom Hours B: Credit Hours
Shown in blocks 9 - 10.	High School	per week, such as for such as for High Schools or trade college.
Month Year		schools. (Combine work/
9	_	study hours if in a high school work study program.)
	Trade/Technical/or Vocational	Total Hours Total Hours
O JAN (0)		
○ <b>FEB</b> ①	_	
O MAR ②	Jr. College/College/	
O APR ③	Community College/or Universi	
O MAY ④		② ② ② ②
O JUN (5)	Other:	3 3
O JUL 6		<b>4 4</b>
O AUG ⑦		<b>3</b>
○ SEP ⑧		6
OCT   O NOV		0
ONOV		8
O DEC		<u> </u>
16. Is the student in a school-sponsored co-op or internship program?	WARNING: Any intentionally false statements or willful misrepresentations are punishable by fine, imprisonment, or both (18 USC 1001).	
Yes (Attach a letter from the school  I certify that all information given in this certification is true and correct to		
, , , , , , , , , , , , , , , , , , ,	the best of my knowledge and belief. I understand that I must immediately	
notify the Office of Personnel Management (OPM) if the student transfers to		
O 140	another school, discontinues school attendance, reduces attendance to less	
	than full-time, marries or dies. I agree to return all overpayments of student benefits, including over-payments that may be made after I notify OPM of	
	any terminating event. I understand OPM may ask the school to verify the	
	accuracy of the information I am furnising.	
Signature of payee (person who is receiving the payment	s) D	aytime telephone number (including area code)
	10	,
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ate (mm/dd/yy)
	Di	ace (minimitally))